

ABSTRACT

SOCIAL WORK

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An Exploratory Study of Grief and Bereavement Among School
of Social Work Students: Death Depression, Death Anxiety,
and The Impact of Event

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The overall objective of this correlational exploratory study was to explore the effect that gender plays on the death depression, death anxiety, and the impact of the event-(grief and bereavement) among school of social work students.

A total of thirty-four male and female students enrolled in the Clark Atlanta University School of Social Work were asked to participate in this study. Simple descriptive statistics were used to analyze the data.

The findings of this study accepted the hypothesis that there is no significant statistical difference between the death depression, death anxiety, and the impact of the event-(grief and bereavement) among the male and female social work students.

AN EXPLORATORY STUDY OF GRIEF AND BEREAVEMENT AMONG SCHOOL OF
SOCIAL WORK STUDENTS: DEATH DEPRESSION, DEATH ANXIETY, AND THE
IMPACT OF EVENT

A THESIS
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THE DEGREE OF MASTER OF SOCIAL WORK

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Chapter 1

Introduction

Today, perhaps, more than ever, school of social work students are subjected to feelings of loss, grief and bereavement as a result of such problems as death in the family, divorce, or separation of parents. Floerchinger postulates that one of the developmental challenges that a college student may have to face is the death of a significant other, friend, spouse, relative, child, or parent.¹ We know that there exist on every college campus students who have experienced the death depression, death anxiety, and the impact of grief and bereavement due to the loss of a loved one.

In recent years, such urgent social issues as abortion, AIDS, euthanasia, and capital punishment, and such behaviors as alcoholism, drug abuse, and certain acts of violence, may well have links to overt and latent meaning that death, grief and bereavement holds for the social work profession. What is the psychological impact on social work students who experience feelings of loss, depression, anxiety, grief and

¹Debra S. Floerchinger. "Bereavement: Applying Erikson's Theory of Psychosocial Development to College Students," Information Analysis Guide (Non-Classroom Use, University of Arkansas at Monticello, 1989), 1-20.

bereavement as a result of the death of a significant other? How can they be helped to cope with those traumatic experiences and the accompanying stress?

This correlational exploratory study will examine death depression, death anxiety, and the impact of the event-(grief and bereavement) on school of social work students and their consequent failure in communication regarding these traumatic experiences.

A perusal of the literature in social work reveals that "families in grief,"² "adolescents' experience with death,"³ "children's responses to loss and death,"⁴ and "grief therapy to facilitate healthy restitution,"⁵ have been explored with varying degrees of success by the social work profession.

The concepts of grief and bereavement did not come under close scrutiny as a major interest of professionals until relatively recent years. The work of Kubler-Ross was not

²Mary W. Nolfi. "Families In Grief: the Question of Casework Intervention," Social Work, 12(4), (Oct 1967): 40-46.

³Susan A Chc, Edith M. Freeman, and Shirley L. Patterson. "Adolescents' Experience with Death: Practice Implications." Social Casework: The Journal of Contemporary Social Work, 63(2), (Feb 1982): 88-94.

⁴Robert M. Segal. "Helping Children Express Grief Through Symbolic Communication," Social Casework: The Journal of Contemporary Social Work, 65(10), (Dec 1984): 590-599.

⁵Bertha G. Simos. "Grief Therapy to Facilitate Healthy Restitution," Social Casework: The Journal of Contemporary Social Work, 58(6), (June 1977): 337-349.

published until 1969.⁶ Undoubtedly, the late arrival of her work was influenced by the prevailing attitude that death and dying were taboo topics as areas for empirical research, in spite of Lindemann's earlier classic study in 1944 and 1945 on catastrophic grief.⁷

Although the plethora of books, and articles now available on the topic might suggest that areas have been well explored and even exploited. Ginsburg reported that current social work practice theories emphasizing strategies of social change are not suitable for dealing with problems related to death and dying.⁸ It is hoped that this study will shed some light on an often neglected topic in social work education.

Statement of the Problem

Quite apart from its obvious signs and symptoms, bereavement and grief have manifestations significantly subtle, prolonged, and potentially pathogenic to warrant empirical research on "Grief and Bereavement Among School of Social Work Students: Death Depression, Death Anxiety and the Impact of the Event" to alert professionals to its possible expressions and ramifications. Problems of management persist and confront practitioners in their daily practice.

⁶Elizabeth Kubler-Ross. On Death and Dying (New York: Macmillan, 1969)

⁷E. Lindemann. "Symptomatology and Management of Acute Grief," American Journal of Psychiatry, 101(141): 1944-1945.

⁸L. Ginsburg. "The Social Worker's Role," Social Work With the Dying Patient and the Family (New York : Columbia University Press, 1977).

This correlational exploratory study seeks to address major gaps in the educational approaches to preparing social workers to practice related to death depression, death anxiety and the impact of the event-(grief and bereavement). This study seeks to ascertain social work practitioners attitudes toward selected variables that are believed to impact school of social work students experiencing grief and bereavement.

Balk mentioned that "there is a sense of isolation when grieving. This loneliness, isolation, seem acute in the lives of bereaved college students who are in a place filled with other young people, many of them unaware of the pain and suffering many of their bereaved peers endure."

The demand for constant personal interaction when bereaved often taxes and transcends the attitudes, beliefs, and coping resources of the social work student and may contribute to the genesis of dysfunctional coping strategies. When this occurs, the potential for abnormal grief reactions increases. Grief can be expressed through dysfunctional behavior that results in the development of dysfunctional coping styles. Within the context of the interpersonal environment of a college, dysfunctional coping styles may become reciprocal reinforcers to one another and contribute to poor communication, stress and burnout, decreased personal satisfaction, apathy, and wasted efforts.

⁹David E. Balk, Kirsten Tyson-Rawson, Jerie Colletti-Wetzel. "Social Support As An Intervention With Bereaved College Students." Death Studies 17; 1993 427-450.

Purpose of the Study

Despite increasing attention to issues of death depression, death anxiety and the impact of the event, there are still large gaps in the education of social workers. Because of our cultural emphasis on competence, adequacy, and strength, the grieving and bereaved are often prevented by family and friends from experiencing the emotions which should follow loss in order to find a healthy resolution.

The purpose, then, of this correlational exploratory study is to examine death depression, death anxiety and the impact of the event-(grief and bereavement) on college students and to collate the determinants of the grief and bereavement experience. This study emerged from a personal concern (having experienced the death of a significant other). After pondering over the experience it became clearer to this social work intern researcher that coverage of this topic has been far from thorough; it thus requires constant updating and examination for gaps and omissions.

It is of particular importance that such a study focus upon the following questions:

- How have college students historically dealt with death depression, death anxiety, and the impact of the event-(grief and bereavement)?
- What are some of the grief and bereavement reactions which are universal?
- How well do college students cope with the process of

grief successfully in order to resolve the alienation, loneliness, powerlessness and long term effects of the loss of a significant other?

-Students who have had first hand experience with death depression, death anxiety, grief and bereavement may still be inhibited by their own unresolved feelings. How may social work education help students to work through the process?

These seminal issues serve as a framework for our purpose in this study: examining and exploring death depression, death anxiety and the impact of the event- (grief and bereavement) in school of social work students and their consequent failure in communication regarding these events.

Significance of the Study

School of social work students experience losses that are as crippling, as staggering as those experienced at any age level. La Grand suggests they are "the forgotten griever." ¹⁰

The inability of school of social work students to communicate about their pain and confusion and the tendency to withdraw from social situations only result in heightened alienation, loneliness, isolation, and prolonging of the grieving process. An understanding of these factors serves as a reminder for us to see more broadly the significance of the

¹⁰Louis E. La Grand. "College Student Loss and Response: Coping with Death of Campus," New Directions for Student Services, 31 (Sept 1985): 15-28.

study.

Understanding death depression, death anxiety, and the impact of the event-(grief and bereavement) process and why it is so long and difficult may help those who are experiencing it to cope and help those who wish to assist them be more effective in helping students to confront and resolve life crises.

Chapter 2

Review of Literature

The primary issues under consideration in this brief literature review are: 1) Death Depression, 2) Death Anxiety, 3) Impact of Event-(Grief and Bereavement), and 4) The Forgotten Griever (Social Work Students).

Death Depression

Until very recently death has been a taboo subject, something to be kept out of sight and out of mind. Social work interest in the concrete problems of death depression is a recent phenomenon. Ginsburg has said that social workers usually address themselves to the social problems of poverty, disease, crime, loneliness, and interpersonal problems; these are problems that usually can be handled by strategies of elimination or amelioration. In contrast, the maladjustments and displacement caused by death must be handled in terms of acceptance and adjustment.¹ During the past thirty years this process has been reversed.

Interest in the phenomenon of death depression has

¹L. Ginsburg, The Social Worker's Role. In E. Prichard, J. Collard, B. Arcuth, A. Kutscher, I. Suland and H. Lefkowitz, (eds.), Social Work With the Dying Patient and the Family. New York: Columbia University Press, 1977: 313-323.

increased since the construct was initially described by Bowlby in 1961² and 1980³ ; Clayton and co-workers in 1968⁴; Kubler-Ross in 1969⁵; Parkes in 1972⁶; Lindemann in 1944.⁷ Although there are many variations in the patterns found in individuals experiencing death depression, there are sufficient similarities to warrant characterization of death depression as a syndrome that has a course with an expected solution.

As data on death depression continues to be amassed and analyzed, Carr describes the emergence of grief versus death depression as a meaningful area of study: Although death depression as a symptom may occur as a prominent feature of the grief and bereavement state and of depression as an affective illness, and although both conditions may be precipitated by a loss, other features differentiate grief from depression, the affective illness that may appear in

²J. Bowlby. "Separation and loss," The International Yearbook of Child Psychiatry and Allied Disciplines. E. J. Anthony, C. Koupernick, Wiley-Interscience: New York

³J. Bowlby. Process of Mourning. International Journal of Psychoanalysis 42: 1961, 317.

⁴P. Clayton, L. Demarais, and G. Winokur. "A Study of Normal Bereavement." American Journal of Psychiatry 125, 1968: 168.

⁵E. Kubler-Ross. On Death and Dying. Macmillan: NY, 1969.

⁶C. M. Parkes. Bereavement. International Universities Press: New York, 1972.

⁷E. Lindemann. "Symptomatology and Management of Acute grief." American Journal of Psychiatry 101: 141, 1944-1945.

the absence of any loss.⁸

Weisman reevaluated data from several studies and confirmed the construct validity of death depression using factor analysis and correlational techniques. He concluded that it is as absurd and futile to ask what death means as to ask what life means. From a statistical viewpoint, a timely death is one in which expected survival and actual life span are approximately equal. Untimely death refers to 1) premature death when someone is very young; 2) unexpected death, which happens when death is unanticipated and 3) catastrophic situations associated with violence, randomness, and utter meaninglessness. Death is a mirror that reflects calamities dreaded during life.⁹

Zelinsky and Thorson noted the fact that social workers need knowledge about the death process, including the psychological aspects of dying and the associated problems of grief work and situational adjustments that confront, the dying and survivors. Social workers encounter aspects of death in the following situations 1) death prevention, 2) work with the dying¹⁰, 3) services to survivors. As with

⁸Arthur C. Carr. "Grief, Mourning, and Bereavement," Textbook of Psychiatry edited by Harold I Kaplan, M.D. and B. Sadoch Williams and Wilkins. Baltimore, MD 1985:1286-1297.

⁹Avery D. Weisman. On Dying and Denying: A Psychiatric Study of Terminality. Behavioral Publication: New York 1972.

¹⁰L. Zelinsky and J. Thorson. "Educational Approaches to Preparing Social Work Students For Practice Related to

many other factors, social workers are slowly beginning to realize and appreciate the importance of death depression in the death experience.

Despite increasing attention to issues of death, there are still large gaps in the education of social workers regarding death depression. There are indications in the literature that death depression may have differential effects on the cognitive and affective dimensions of attitudes towards death.

La Grand assessed the impact of death depression on college students. The death that cause college age youths to become depressed and to grieve as the same as far the general public: parents, grandparents, other relatives, and friends. Depression is the feeling most often reported by both females and males.¹¹

Two major reviews of the clinical and research literature on death completed by Osterweis in 1984¹², Berlinsky and Biller in 1982¹³ found that there is a paucity of data identifying gender-specific reactions to loss. This

Death And Dying." Death Studies 6 1983:313-322.

¹¹L. La Grand. "College Student Loss and Response" New Directions for Student Services 31 Sept 1985: 15-28.

¹²M. Osterweis, F. Solomon, and M. Green. Bereavement: REactions, Consequences and Care. National Academy Press: Washington D C 1984.

¹³E. B. Berlinsky and H. B. Biller Parental Death and Psychological Development. Lexington: Massachusetts, 1982.

need sets the stage for future research¹⁴.

During the past thirty years an outpouring of scholarly works in sociology and psychology, television documentaries, paperback books, and feature articles in newspapers and weekly magazines have drawn attention to various aspects of the death depression topic. The field of thanatology-the study of death-has grown.

Templer describes the emergence of death depression as a meaningful area of study. Death depression, he reasoned, attempts to address thoughts about one's own impending death, the death of others, or death in general. He notes that a measure of death depression has not been reported greatly in the literature even though there is rather frequent mention of the implication of depression, sorrow, or sadness in connection with one's own death. In a study of 190 undergraduates in psychology courses at Fresno City College and California State University, Fresno. The subjects, 62 males and 128 females, ranged in age from 16 to 59 years with a mean of 32.21 and a standard deviation of 8.82. He found that the Death Depression Scale¹⁵ has displayed good internal consistency, good face validity, and

¹⁴P. Silverman. "The Impact of Parental Death on College Age Women." Psychiatric Clinics of North America. 10(3), Sept 1987: 387-404.

¹⁵Donald Templer, Michael La Voie, Hilda Chalgujiam, and Stan Thomas-Dobson. "The Measurement of Death Depression." Journal of Clinical Psychology, 46 (6), November 1990: 834-839.

correlation with other instruments that are generally supportive of its construct validity. It also suggested that death depression be related to religious experiences, existential variables, terminal illness, bereavement, separation, loss, personality variables, and various life events.

Research has been conducted to measure death depression. Kubler-Ross reported her often cited clinical impressions with terminal cancer patients, in which depression is the second stage. Kubler-Ross attributes the depression to the loss of everything in death¹⁶. Other clinicians have reported their clinical impressions in which there is a stage or strong element for depression (Kalish, 1978¹⁷; Paterson, 1978¹⁸; Schultz and Aderman, 1974¹⁹; Schneidman, 1976²⁰; Weisman, 1974;²¹ Hardt, 1978-1979;²²

¹⁶Ibid. Kubler-Ross.

¹⁷R. Kalish. A Little Myth is a Dangerous Thing: Research in the Service of the Dying. Mc. Graw-Hill: New York, 1978: 133-169.

¹⁸M. Paterson. The Living Dying Process Mc Graw-Hill: New York, 1978.

¹⁹R. Schultz and D. Aderman. "Clinical Research and the Stage of Dying," Omega, 1978: 137-143.

²⁰E. Schneidman. Death : Current Perspectives. Aronson: NY, 1976.

²¹A. Weisman. The Realization of Death. Aronson:NY 1974.

²²D. V. Hardy. "An Investigation of the Danger Of Bereavement" Omega 1978-1979:279-285.

postulated a bereavement stage of depression that characteristically occurs from approximately 3 to 8 months after the death of loved ones. Lifton(1965) reported long lasting or permanent depression in the survivors of the atomic blast at Hiroshima²³. Erikson (1963) maintained that in the final stage of life, persons without a sense of ego internally view themselves as failures and suffer from "despair."²⁴ Having considered, however briefly, death depression, consideration will now be given to death anxiety.

Death Anxiety

A number of instruments have been constructed to measure death anxiety or fear. Some research has determined that females (e.g. Glass, 1990;²⁵ McMordie, 1979²⁶), younger individuals (e.g. Devins, 1979)²⁷, and those less religious

²³R. Lifton, The Psychological Affects of the Atomic Bomb in Hiroshima: The Theory of Death. NIT Press: Cambridge, MA 1965: 152-193.

²⁴E. Erikson, Childhood and Society Norton: New York, 1963.

²⁵J. C. Glass. "Changing Death Anxiety Through Death Education In Public Schools" Death Studies, 14, 1990: 31-52.

²⁶W. R. Mc Mordie. "Improving Measurements of Death Anxiety" Psychological Reports, 44, 1979: 975-980.

²⁷G. M Devins. "Death Anxiety and Voluntary Euthanasia: Influences of Proximity to Death and Experiences with Death in Important Other Persons." Journal of Counseling and Clinical Psychology 47,1 1985: 301-309.

(e.g. Westman and Brackney, 1990;²⁸ Westman and Cantor, 1985)²⁹ have higher death anxiety or fear of death. Knight and Elfenbein³⁰ study compared the death anxiety and fear of death expressed by 29 students who had completed a death and dying course with a comparison group of 74 students. The results indicated that those enrolled in the thanatology class reported significantly higher death anxiety at the end of semester as measured by the Templer-Mc Mordis Death Anxiety Scale.

An examination of this literature indicates some mixed findings. While some studies have demonstrated a reduction of death anxiety after completion of death education courses, workshops, or awareness exercises (Glass, 1990;³¹ Lochard, 1989³²; Tausch, 1988³³) have found either an

²⁸A. S. Westman and B. E. Brackney. "Relationships Between Indices of Neuroticism, Attitudes Toward and Concepts of Death , and Religiosity." Psychological Reports, 66, 1990: 1039-1043.

²⁹A. S. Westman and F. M. Carter. "Fear Of Death and Concept of Extended Self." Psychological Reports, 56, 1985: 419-425.

³⁰K. Knight and M. Elfenbein. "Relationship of Death Education to the Anxiety, Fear, and Meaning Associated With Death" Death Studies, 17, 1993: 411-425.

³¹Ibid. Glass

³²B. E. Lockard. "Immediate, Residual and Long Term Effects of a Death Education Institutional Unit on the Death Anxiety Level of Nursing Students." Death Studies, 13, 1989: 137-159.

³³R. Tausch. "Reappraisal of Death and Dying After a Percent Centered Behavioral Workshop" Person Centered Review, 3, 1988: 213-228.

increase in death anxiety or no significant change.

It is likely that death education does indeed have diverse effects on individuals, hence an additional consideration is on how the impact of the event-grief and bereavement affects the meaning of death for students.

Impact of the Event-(Grief and Bereavement)

George Engel³⁴ argued eloquently that grief should be classified as a disease because of its massive impact on normal function, the suffering it involves, and predictable symptomatology associated with it. Parke's bereavement represents the most comprehensive contemporary summary of the empirical factors associated with the entire process³⁵. Bereavement refers to the process of accommodation to a specific loss, evaluating anticipatory grief and mourning.³⁶ Grief denotes the conscious impact of loss on an individual; mourning is the reactive process of coping with the loss.

Clayton, Desmarais, and Winokur³⁷, in an extensive investigation of bereaved persons, have firmly established in follow-up survey how well most bereaved persons recover. At 3 months after the loss, the researcher found that 4 out

³⁴G. Engel. "Is Grief a Disease?" Psychosomatic Medicine, 1961: 18-22.

³⁵Cm Parke's and R. Weiss Recovery and Bereavement, Basic Books: NY, 1983.

³⁶A. D. Weismann. Is Mourning Necessary? In Anticipatory Grief Columbia University Press: NY, 1974

³⁷Ibid. Clayton.

of the 5 patients were improved, and only 4 percent were worst.

Bereavement has received increasing attention in the psychological literature in the last decade. G. Catlin³⁸ reports of the effects of the death of a loved one were collected from subjects in the University of Massachusetts in the United States and the University of Madrid in Spain. Although reports of the overall severity of the experience were similar. Americans indicated that, following the death of a loved one, their self esteem was diminished, as was their liking and trust of others. In contrast, Spaniards, reported a greater negative effect on self esteem and a positive effect on liking and trust of others.

Edmonds and Hooker studied forty nine college students using the Impact of Event Scale, designed to measure types of stress most commonly associated with a stressful life event. The results showed no apparent gender differences in the relationship between life and grief related distress.

³⁹

Balk states that "the impact of bereavement are severe, and unresolved bereavement has been linked to agitated depression chronic illness, enduring and intense clinical

³⁸G Catlin. "The Role of Culture In Grief" The Journal of Social Psychology, 133(2), 1992: 173-184.

³⁹S. Edmonds and Karen Hooker. "Perceived Changes In Life Meaning Following Bereavement Class" Omega 25(4), 1992: 307-318.

reactions such as guilt, and significant disturbances in interpersonal relationships, in job and school performance and in self-esteem.⁴⁰

Life events occur either "on time" or "off time." Death events in the life of a college student can be anticipated and on time (e.g. the death of a grandparent, unexpected and off time (e.g. the accidental death of a peer), and anticipated but off time (e.g. the death of a sibling due to AIDS). Because of the transitions in a college student's life, few would argue that deaths in the lives of college students are contextually pure, many of these events (the death of close friends, parents, or siblings serving as prime examples) are off time, non normative, and unanticipated.⁴¹ It is important that schools of social work identify and assist bereaved students in the resolution of the impact of the event-grief and bereavement.

The Forgotten Griever

Social Work Student

La Grand notes that students experience a multitude of losses during their college career. Understanding their needs and ways of responding to these losses can help "the

⁴⁰David Balk, K. Tyson-Rawson, and Jerie Colletti Wetzel. "Social Support As An Intervention With Bereaved College Students" Death Studies, 17, 1993: 427-430.

⁴¹R. Moos. Coping With Life Crisis: A Conceptual Approach Pfenum: NY, 1986.

forgotten griever" to confront and resolve life crises.⁴²

In a study by Kubitz, Thornton, and Robertson, they assessed the impact of subject's expectations about grief and found that in general peoples' expectations about the grief process affect their judgement about the interpersonal functioning of the bereaved.⁴³

Doka suggest that there are circumstances in which a person experiences a sense of loss but does not have a socially recognized right, role, or capacity to grieve. In these cases, the grief is disenfranchised grief. The person suffers a loss but has little or no opportunity to mourn publicly.⁴⁴

College students have been referred to as the "forgotten griever" and "disenfranchised " grievers. It is common to associated youth with merriment and perpetual adventure and to forget that young people suffer the pain and disorganization characteristic of the grief process. According to Johnson, in many cases, it is a lack of knowledge about them that increases fear, despair, hopelessness, and helplessness when one faces a major loss

⁴²Louis La Grand. "College Student Loss and Response" New Directions for Student Services, 31, Sept 1985: 15-28.

⁴³N. Kubitz, F. Thornton, and D. Robertson. "Expectatons About Grief and Evaluaton of the Griever" Death Studies 13, 1989: 31-47.

⁴⁴Kenneth Doka. Disenfranchised Grief: Recognizing Hidden Sorrow Lexington Books: Washington D C, 1989: 5-23.

in his or her life.⁴⁵

Goldstein maintains that as social work educators, the social work students can be helped to work effectively with the impact of death and dying if their orientation to the subject has been grounded in values, knowledge, and skills.⁴⁶

African American college students experience loyalties to the traditions and experiences of their upbringing. When the additional pressures of being a student kick in, bereavement can be extremely overwhelming. The literature indicated that African American students sometimes feel that it is inappropriate or disloyal to discuss family matters, such as death, with outsiders.⁴⁷ This "holding in" of emotions can manifest itself in depression, anxiety, physical illness, insomnia, and eating disorders.

Theoretical Framework

There are any number of theories that could inform this empirical research study on death, grief, bereavement, anxiety, depression among social work students. For

⁴⁵Linda Russell Johnson. "Growth Through Grief: A Program for College Students Experiencing Loss" Journal of College Student Personnel Sept 1980: 467-468.

⁴⁶E. Goldstein, Teaching Social Work Perspective on the Dying Patient and His Family. Columbia University Press: NY, 1972: 323-330.

⁴⁷H. Cheatham, R. Slaney, and N. Coleman. "Institutional Effects on the Psychosocial Development fo African American College Students" Journal of Counseling Psychology, 1990.

example, Crisis Intervention Theory ⁴⁸ is active, purposive, and committed, conveying the message that one knows what one is doing and is willing to take risks. An integral part of crisis intervention theory is to achieve rapid integration.

However, Floechinger⁴⁹ suggested from her research in bereavement that Erickson's theory of psychosocial development be applied to college students. She noted that one of the developmental challenges that a college student may have to face is the death of a significant other, friend, spouse, relative, child, or parent.

Erikson's⁵⁰ stage six of psychosocial development (intimacy versus isolation) is a suitable intervention with college students. Central to Erikson's discussion of the life cycle specifically to young adulthood is the capacity to be aware of death without being incapacitated by anxiety about it. Erikson suggest that the image of death may be called "an ego chill," a shudder attending the awareness of our possible non-existence, is for the most part suppressed in American culture during young adulthood. He further suggests that sometime during the late thirties and early forties thoughts of one's own death persistently intrude

⁴⁸Naomi Golan. Crisis Theory The Free Press, 1979.

⁴⁹Debra Floerchinger. "Bereavement in Late Adolescence: Interventions on College Campuses." The Journal of Adolescent Research 6(2) January 1991: 146-156.

⁵⁰E. Erikson, Insight and Responsibility Jossey-Blass: NY, 1964.

into consciousness.

Hence, there is a need to be well informed about Erikson's psychosocial stages of development. This brief research embraced various aspects of death, grief and bereavement on the development of students in the school of social work.

Definition of Terms

Social Work Student- Male or female persons enrolled in a two year masters program of social work.

Death Depression- The despair and loneliness that follows the death of a loved one.

Death Anxiety- The fear or nervousness an individual experiences when approached with the topic of death..

Impact of Event (grief and bereavement)- The long and short term effects one has following the death of a loved one.

Hypothesis

There is no statistical significant difference between male and female social work students when measuring death depression, death anxiety, and the impact of event (grief and bereavement).

Chapter 3
Methodology
Research Design

This is a correlational exploratory study. It is intended to compare and explore the death depression, death anxiety, and the impact of event on male and female social work students at the Clark Atlanta University School of Social Work.

Sampling

A non-probability convenience sample was used. This sample consisted of individual who were convenient to the researcher and were willing to respond to the questionnaire. The sampling population was drawn from first and second year students in the Clark Atlanta University School of Social Work in Atlanta, Georgia.

A total of thirty-four students were asked to complete the questionnaire. Of the fourteen male and twenty female participants, all were between the ages of twenty-one and forty-six. All subjects were enrolled in the Clark Atlanta University School of Social Work.

Data Collection (Instrumentation)

The data for this study were obtained through a self-report questionnaire.

Students in the social work program were approached by the researcher between classes or in the hallway of the Clark Atlanta University School of Social Work and asked if they would agree to completing the questionnaire. Confidentiality and anonymity were ensured. Persons were also given the option to refuse to participate in the study.

The questionnaire took between ten and fifteen minutes to complete. Expressions of thanks were given to all subjects. The questionnaire was collected from participants the same day as administration.

The instrument consisted of fifty-four questions (see Appendix A). It had four parts. Part I consisted of seven questions focusing on demographics. Part II consisted of the Death Depression Scale (DDS) by Templer, LaVoie, Chalgujiam, and Thomas-Dobson. This instrument was made up of seventeen true/false statements. "The DDS has fair internal consistency, with a Kuder-Richardson coefficient of .77. No information on stability was reported. The DDS has very good concurrent validity, with the Death Anxiety Scale and the Zuckerman measures of general anxiety and depression."¹ Part III consisted of the Death Anxiety Scale (DAS) by Templer. This instrument was made up of fifteen true/false statements. "The DAS has fairly good internal consistency with a Kuder-Richardson formula coefficient of

¹Donald I. Templer, Michael LaVoie, Hilda Chalgujiam and Stan Thomas-Dobson. Death Depression Scale 1990.

.76. The DAS also has good stability with a three-week test-retest correlation of .83. The DAS has good concurrent validity, correlating .74 with the Fear of Death Scale."² Part IV consisted of the Impact of Event Scale (IES) by Horowitz. This instrument was made up of fifteen questions on a four point Likert scale. "Based on two separate samples, the subscales of the IES show very good internal consistency with coefficients ranging from .79 to .92, with an average of .86 for the intrusive subscale and .90 for the avoidance subscale. No data on stability were reported. The known groups validity of the IES has been supported with significant differences in the scores of outpatients seeking treatment for bereavement and three field samples. The subscales indicate the IES is sensitive to change as scores changed over the course of the treatment."³

Data Analysis

The collected data were coded and analyzed using the SPSSX batched system on the VAX computer system of the Atlanta University Center. Descriptive statistics were used to analyze the data, this included frequency distributions and percentages and t-tests.

²Donald I. Templer Death Anxiety Scale 1983.

³Mardi J. Horowitz Impact of Event Scale 1979.

Chapter 4

Presentation of Results

Null Hypothesis

H_A: There is no significant statistical difference between male and female social work students when measuring the death depression, death anxiety, and the impact of the event-(grief and bereavement).

Part I-Demographics

Table 1-Gender

N=34

Gender	Frequency	Percent
Male	14	41.0
Female	20	59.0
Total	34	100.0

The above table shows that of the 34 subjects participating in this study, fourteen or 41.0 percent were male and the remaining twenty or 59.0 percent were female.

Table 2-Age

N=34

Age Range	Male	Female	Percent
20-26	4	16	58.8
27-33	6	2	23.5
34-40	3	1	11.8
41-47	1	1	5.8
Totals	14	20	100.0

As demonstrated in Table 2, four males and sixteen females or a total of 58.8 percent were between the ages of 20 and 26. Six males and two females or a total of 23.5 percent were between the ages of 27 and 33. Three males and one female or a total of 11.8 percent were between the ages of 34 and 40. One male and one female or a total of 5.8 percent were between the ages of 41 and 47.

Table 3-Race

N=34

Ethnicity	Male	Female	Percent
African American	12	18	88.2
White	1	2	8.8
Other	1	0	2.9
Total	14	20	100.0

Table 3 shows that of the 34 subjects participating in this study, twelve of the males were African American and eighteen of the females were African American for a total of 88.2 percent. One male and two females were white for a total of 8.8 percent. One male participant, at 2.9 percent responded other.

Table 4-Marital Status

N=34

Marital	Male	Female	Percent
Single	8	15	67.6
Married	5	4	26.5
Divorced	1	0	2.9
Separated	0	1	2.9
Totals	14	20	100.0

As the above table indicates, of the 34 participants, eight male and fifteen female, for a total of 67.6 percent were single. Five male and four female, for a total of 26.5 percent were married. One male or 2.9 percent was divorced. One female or 2.9 percent was separated.

Table 5-Religious Background

N=34

Religion	Male	Female	Percent
Baptist	9	13	64.7
Catholic	1	1	5.9
Methodist	0	5	14.7
Other	4	1	14.7
Totals	14	20	100.0

As the above table indicates, of the 34 participants, nine male and thirteen female participants, for a total of 64.7 percent were Baptist. One male and one female for a total of 5.9 percent were Catholic. Five females, for a total of 14.7 percent were Methodist. Four males and one female participants, for a total of 14.7 percent responded other.

Table 6-Academic Standing At Clark Atlanta

School of Social Work

N=34

Response	Male	Female	Percent
First Year	4	8	35.3
Second Year	10	12	64.7
Totals	14	20	100.0

As indicated in the above cross tabulation of the 34 study participants, four male and eight female, for a total

of 35.3 percent were first year students. Ten male and twelve female, for a total of 64.7 percent were second year students.

Table 7-Total Yearly Income

N=34

Total Yearly Income	Male	Female	Percent
Less than 5,000	3	8	32.4
5,000-10,000	4	1	14.7
10,001-20,000	2	5	20.5
20,001-30,000	1	2	8.8
30,001-40,000	1	1	5.9
Over 40,000	3	3	17.6
Totals	14	20	100.0

As the previous table indicates, of the 34 participants, three male and eight female, for a total of 32.4 percent earned less than \$5,000 per year. Four males and one female, for a total of 14.7 percent earned between \$5,000 and \$10,000 per year. Two males and five females, for a total of 20.5 percent earned between \$10,001 and \$20,000 per year. One male and one female, for a total of 5.9 percent earned between \$30,001 and \$40,000 per year. Three male and three females, for a total of 17.6 percent earned between over \$40,000 per year.

Part II- Death Depression Scale (DDS)

Table 8- T-Test Analysis of the Death Depression among Social Work Students.

N=34

(Pooled Variance) (Separated Variance)

F value	2 Tail Prob.	T value	Df	2 Tail Prob.	T value	Df	2 Tail Prob.
1.05	.954	-.28	32	.779	-.28	28.55	.778

Variables	Number of Subjects	Mean Score	Standard Deviation	Standard Error
Male	14	28.1	2.8	2.9
Female	20	28.4	2.9	.64

As indicated in the above table, there is no statistical significance in the death depression of male social work student participants and the death depression of female social work student participants.

Table 9- I get depressed when I think about death.

N=34

Response	Male	Female	Percent
True	7	8	44.0
False	7	12	56.0
Totals	14	20	100.0

Overall, as indicated in Table 9, seven male participants and eight female participants, or forty four percent, responded true. Seven male and twelve female participants, or fifty six percent, responded false.

Table 10- Hearing the word death makes me feel sad.

N=34

Response	Male	Female	Percent
True	4	8	35.0
False	10	12	65.0
Totals	14	20	100.0

As indicated in the above table, four male and eight female participants, or thirty five percent, responded true. Ten male and twelve female participants, or sixty five percent, responded false.

Table 11- Passing by cemeteries makes me sad.

N=34

Response	Male	Female	Percent
True	0	3	9.0
False	14	17	91.0
Totals	14	20	100.0

As indicated in the above table, three female participants, or nine percent, responded true. Fourteen male and seventeen female participants, for a total of ninety one percent, responded false.

Table 12-Death means terrible loneliness.

N=34

Response	Male	Female	Percent
True	3	2	15.0
False	11	18	85.0
Totals	14	20	100.0

As the above table indicates, three male and two female participants, or fifteen percent, responded true. Eleven male and eighteen female participants, or eighty five percent, responded false.

Table 13- I become terribly sad when I think about friends or relatives who have died.

N=34

Response	Male	Female	Percent
True	6	11	50.0
False	8	9	50.0
Totals	14	20	100.0

As indicated in the above table, six male and eleven female participants, or fifty percent, responded true. Eight male and nine female participants, or fifty percent, responded false.

Table 14- I am terribly upset by the shortness of life.

N=34

Response	Male	Female	Percent
True	4	5	26.0
False	10	15	74.0
Totals	14	20	100.0

Table 14 indicates that there four male and five female

participants, or 26.5 percent, responded true. Ten male and fifteen female participants, or 73.5 percent responded false.

Table 15- I cannot accept the finality of death.

N=34

Response	Male	Female	Percent Percent
True	2	2	11.8
False	12	18	88.2
Totals	14	20	100.0

Table 15 indicates that two male and two female participants, or 11.8 percent, responded true. Twelve male and eighteen female participants, or 88.2 percent, responded false.

Table 16- Death deprives life of its meaning.

N=34

Response	Male	Female	Percent
True	3	0	8.8
False	11	20	91.2
Totals	14	20	100.0

Table 16 indicates that three male and no female participant, or 8.8 percent, responded true. Eleven male and twenty female participants, or 91.2 percent, responded

false.

Table 17- I worry about dying alone.

N=34

Response	Male	Female	Percent
True	3	7	26.5
False	11	13	73.5
Totals	14	20	100.0

Table 17 demonstrates that three male and seven female participants, or 26.5 percent, responded true. Eleven male and thirteen female, or 73.5 percent, responded false.

Table 18- When I die, I will completely lose my friends.

N=34

Response	Male	Female	Percent
True	5	5	29.4
False	9	15	70.6
Totals	14	20	100.0

As Table 18 indicates, five male and nine female participants, for a total of 29.4 percent, responded true. Nine male and fifteen female, or 70.6 percent, responded false.

Table 19-Death does not rob life of its meaning.

N=34

Response	Male	Female	Percent
True	10	15	73.5
False	4	5	26.6
Totals	14	20	100.0

Table 19 indicates that ten male and fifteen female

participants, or 73.5 percent, responded true. Four male and five female participant, or 26.6 percent, responded false.

Table 20- Death is not something to be depressed by.

N=34

Response	Male	Female	Percent
True	10	11	61.8
False	4	9	38.2
Totals	14	20	100.0

Table 20 indicates that ten male and eleven female participants, for a total of 61.8 percent, responded true. Four male and nine female, or 38.2 percent, responded false.

Table 21- When I think of death, I feel tired and lifeless.

N=34

Response	Male	Female	Percent
True	1	2	8.8
False	13	18	91.2
Totals	14	20	100.0

According to Table 21, one male and two female participants, or a total of 8.8 percent, responded true.

Thirteen male and eighteen female participants, or 91.2 percent, responded false.

Table 22- Death is painful.

N=34

Response	Male	Female	Percent
True	5	11	47.1
False	9	9	52.9
Totals	14	20	100.0

Table 22 indicates that five male and eleven female participants, or 47.1 percent, responded true. Nine male and nine female participants, or 52.9, percent, responded false.

Table 23- I dread to think of the death of friends and loved ones.

N=34

Response	Male	Female	Percent
True	12	14	76.5
False	2	6	23.5
Totals	14	20	100.0

Table 23 indicates that twelve male and fourteen female

participants, or 76.5 percent, responded true. Two male and six female participants, or 23.5 percent, responded false.

Table 24- Death is the ultimate failure in life.

N=34

Response	Male	Female	Percent
True	2	0	5.9
False	12	20	94.1
Totals	14	20	100.0

Table 24 indicates that two male and no female participants, or 5.9 percent, responded true. Twelve male and twenty female participants, or 94.1 percent, responded false.

Table 25-I feel sad when I dream of death.

N=34

Response	Male	Female	Percent
True	7	9	47.1
False	7	11	52.9
Totals	14	20	100.0

Table 25 indicates that that seven male and nine female participants, or 47.1 percent, responded true. Seven male and eleven female participants, or 52.9 percent, responded false.

Part III- Death Anxiety Scale (DAS)

Table 26- T-test Analysis of the Death Anxiety Among Social Work Students

N=34

(Pooled Variance)				(Separated Variance)			
F value	2 Tail Prob.	T value	Df	2 Tail Prob.	T value	Df	2 Tail Prob.
4.67	.003	-1.06	32	.295	-.94	16.93	.358
Variables		Number of Subjects	Mean Score	Standard Deviation	Standard Error		
Male		14	23.1	2.8	.75		
Female		20	23.9	1.3	.29		

As indicated in the above table, there is no statistical significance in the death anxiety of male social work student participants and the death anxiety of female social work student participants.

Table 27- I am very much afraid to die.

N=34

Response	Male	Female	Percent
True	3	9	35.3
False	11	11	64.7
Totals	14	20	100.0

The above table indicates three male and nine female participants, or 35.3 percent, responded true. Eleven male and eleven female, or 64.7 percent, responded false.

Table 28- The thought of death seldom enters my mind.

N=34

Response	Male	Female	Percent
True	8	7	44.1
False	6	13	55.9
Totals	14	20	100.0

The above table indicates eight male and seven female participants, or 44.1 percent, responded true. Six male and thirteen female participants, or 55.9 percent, responded false.

Table 29-It doesn't make me nervous when people talk about death.

N=34

Response	Male	Female	Percent
True	9	12	61.8
False	5	8	38.2
Totals	14	20	100.0

The above table indicates that nine male and twelve female participants, or 61.8 percent, responded true. Five

male and eight female participants, or 38.2 percent, responded false.

Table 30- I dread to think about having to have an operation.

N=34

Response	Male	Female	Percent
True	9	13	64.7
False	5	7	35.3
Totals	14	20	100.0

The above table shows that nine male and fifteen female participants, or 64.7 percent, responded true. Five male and seven female participants, or 35.3 percent, responded false.

Table 31- I am not at all afraid to die.

N=34

Response	Male	Female	Percent
True	6	5	32.4
False	8	15	67.6
Totals	14	20	100.0

The above table indicates that six male and five female participants, or 32.4 percent, responded true. Eight male and fifteen female participants, or 67.6 percent, responded false.

Table 32- I am not particularly afraid of getting cancer.

N=34

Response	Male	Female	Percent
True	7	7	41.2
False	7	13	58.8
Totals	14	20	100.0

The above table indicates that seven male and seven female participants, or 41.2 percent, responded true. Seven male and thirteen female participants, or 58.8 percent, responded false.

Table 33- The thought of death never bothers me.

N=34

Response	Male	Female	Percent
True	6	2	23.5
False	8	18	76.5
Totals	14	20	100.0

The above table indicates that six male and two female participants, or 23.5 percent, responded true. Eight male and eighteen female participants, or 76.5 percent, responded false.

Table 34- I am often distressed by the way time flies.

N=34

Response	Male	Female	Percent
True	10	6	44.1
False	4	14	55.1
Totals	14	20	100.0

The above table indicates that ten male and six female

participants, or 44.1 percent, responded true. Four male and fourteen female participants, or 55.1 percent, responded false.

Table 35- I fear dying a painful death.

N=34

Response	Male	Female	Percent
True	10	15	76.5
False	4	5	23.5
Totals	14	20	100.0

The above table shows that ten male and fifteen female participants, or 76.5 percent, responded true. Four male and five female participants, or 23.5 percent, responded false.

Table 36- The subject of life after death troubles me greatly.

N=34

Response	Male	Female	Percent
True	2	0	5.9
False	12	20	94.1
Totals	14	20	100.0

The above table indicates that two male and no female, or 5.9 percent, responded true. Twelve male and twenty female participants, or 94.1 percent, responded false.

Table 37- I am really scared of having a heart attack.

N=34

Response	Male	Female	Percent
True	7	12	55.9
False	7	8	44.1
Totals	14	20	100.0

The above table shows that seven male and twelve female participants, or 55.9 percent, responded true. Seven male and eight female participants, or 44.1 percent, responded false.

Table 38- I often think about how short life really is.

N=34

Response	Male	Female	Percent
True	7	9	47.1
False	7	11	52.9
Totals	14	20	100.0

As the above table indicates, seven male and nine female participants, or 47.1 percent, responded true. Seven male and eleven female participants, or 52.9 percent, responded false.

Table 39- I shudder when I hear people talking about a World War III.

N=34

Response	Male	Female	Percent
True	1	6	20.6
False	13	14	79.4
Totals	14	20	100.0

As the above table indicates, one male and six female participants, or 20.6 percent, responded true. Thirteen male and fourteen female participants, or 79.4 percent, responded false.

Table 40- The sight of a dead body is horrifying to me.

N=34

Response	Male	Female	Percent
True	4	11	41.2
False	10	9	58.8
Totals	14	20	100.0

The previous table indicates that four male and eleven female participants, or 41.2 percent, responded true. Ten male and nine female participants, or 58.8 percent, responded false.

Table 41- I feel that the future holds nothing for me to fear.

N=34

Response	Male	Female	Percent
True	7	9	47.1
False	7	11	52.9
Totals	14	20	100.0

The above table indicates that seven male and nine

female participants, or 47.1 percent, responded true. Seven male and eleven female participants, or 52.9 percent, responded false.

Part IV- Impact of Event Scale (IES)

Table 42- T-Test Analysis of the Impact of
Event-(Grief and Bereavement) Among Social Work Students

N=34

(Pooled Variance)				(Separated Variance)			
F value	2 Tail Prob.	T value	Df	2 Tail Prob.	T value	Df	2 Tail Prob.
2.46	.073	-1.62	32	.116	-1.5	20.32	.150

Variables	Number of Subjects	Mean Score	Standard Deviation	Standard Error
Male	14	33.6	10.6	2.8
Female	20	38.5	6.8	1.5

As indicated in the previous table, there is no statistical significance in the impact of the event-(grief and bereavement) among the female and male social work student participants.

For Tables 43, 44, 45, 46, 47, 48, 49, 50, 51, 52, 53, 54, 55, 56, and 57: 1= Not At All, 2=Rarely, 3=Sometimes, and 4=Often.

Table 43- I thought about it when I didn't mean to.

N=34

Response	Male	Female	Percent
1	3	2	14.7
2	2	4	17.6
3	7	7	41.2
4	2	7	26.5
Totals	14	20	100.0

The above table indicates that three male and two female participants, or 14.7 percent, responded number one. Two male and four female participants, or 17.6 percent, responded number two. Seven male and seven female participants, or 41.2 percent, responded number three. Two male and seven female participants, or 26.5 percent, responded number four.

Table 44- I avoided letting myself get upset when I thought about it or was reminded of it.

N=34

Response	Male	Female	Percent
1	4	3	20.6
2	3	0	8.8
3	5	11	47.1
4	2	6	23.5
Totals	14	20	100.0

As the above table indicates, four male and three female participants, or 20.6 percent, responded number one. Three male and no female participants, or 8.8 percent, responded number two. Five male and eleven female participants, or 47.1 percent, responded number three. Two male and six female participants, or 23.5 percent, responded number four.

Table 45- I tried to remove it from memory.

N=34

Response	Male	Female	Percent
1	3	3	17.6
2	5	4	26.5
3	2	11	38.2
4	4	2	17.6
Totals	14	20	100.0

The above table indicates that three male and three female participants, or 17.6 percent, responded number one. Five male and four female participants, or 26.5 percent, responded number two. Two male and eleven female

participants or 38.2 percent, responded number three. Four male and two female participants, or 17.6 percent, responded number four.

Table 46- I had trouble falling asleep or staying asleep,
because of pictures or thoughts that came into my mind.

N=34

Response	Male	Female	Percent
1	4	4	23.5
2	6	10	47.1
3	3	5	23.5
4	1	1	5.9
Totals	14	20	100.0

As the above table indicates, four male and four female participants, or 23.5 percent, responded number one. Six male and ten female, or 47.1 percent, responded number two. Three male and five female participants, or 23.5 percent, responded three. One male and one female, or 5.9 percent, responded number four.

Table 47- I had waves of strong feelings about it.

N=34

Response	Male	Female	Percent
1	2	1	8.8
2	4	4	23.5
3	6	11	50.0
4	2	4	17.6
Totals	14	20	100.0

The above table indicates that two male and one female participants, or 8.8 percent, responded number one. Four male and four female participants, or 23.5 percent, responded number two. Six male and eleven female participants, or 50.0 percent, responded number three. Two male and four female participants or 17.6 percent, responded number four.

Table 48- I had dreams about it.

N=34

Response	Male	Female	Percent
1	7	5	35.3
2	4	8	38.2
3	3	4	17.6
4	0	3	8.8
Totals	14	20	100.0

As indicated in the above table, seven male and five female participants, or 35.3 percent, responded number one. Four male and eight female participants, or 38.2 percent, responded number two. Three male and four female participants, or 17.6 percent, responded number three. No

male and three female participants, or 8.8 percent, responded number four.

Table 49- I stayed away from reminders of it.

N=34

Response	Male	Female	Percent
1	4	8	35.3
2	6	5	29.4
3	3	5	23.5
4	1	2	11.8
Totals	14	20	100.0

As the above table indicates, four male and eight female participants, or 35.3 percent, responded number one. Six male and five female participants, or 29.4 percent, responded number two. Three male and five female participants, or 23.5 percent, responded number three. One male and two female participants, or 11.8 percent, responded number four.

Table 50- I felt as if it hadn't happened or wasn't real.

N=34

Response	Male	Female	Percent
1	7	5	35.3
2	3	3	17.6
3	2	10	35.3
4	2	2	11.8
Totals	14	20	100.0

As the previous table indicates, seven male and five female participants, or 35.3 percent, responded number one. Three male and three female participants, or 17.6 percent,

responded number two. Two male and ten female participants, or 35.3 percent, responded number three. Two male and two female participants, or 11.8 percent, responded number four.

Table 51- I tried not to talk about it.

N=34

Response	Male	Female	Percent
1	3	4	20.6
2	7	6	38.2
3	2	8	29.4
4	2	2	11.8
Totals	14	20	100.0

As indicated in the above table, three male and four female participants, or 20.6 percent, responded one. Seven male and six female participants, or 38.2 percent, responded number two. Two male and eight female participants or 29.4 percent, responded number three. Two male and two female participants, or 11.8 percent, responded number four.

Table 52- Pictures about it popped into my mind.

N=34

Response	Male	Female	Percent
1	4	0	11.8
2	8	9	50.0
3	1	7	23.5
4	1	4	14.7
Totals	14	20	100.0

The above table indicates that four male and no female participant, or 11.8 percent, responded number one. Eight male and nine female participants, or 50.0 percent, responded number two. One male and seven female participants, or 23.5 percent, responded number three. One male and four female participants, or 14.7 percent, responded number four.

Table 53- Other things kept making me think about it.

N=34

Response	Male	Female	Percent
1	4	1	14.7
2	2	6	23.5
3	7	9	47.1
4	1	4	14.7
Totals	14	20	100.0

As the above table indicates, four male and one female participant, or 14.7 percent, responded number one. Two male and six female participants, or 23.5 percent, responded number two. Seven male and nine female participants, or 47.1 percent, responded number three. One male and four

female participants, or 14.7 percent, responded number four.

Table 54- I was aware that I still had a lot of feelings
about it, but I didn't deal with them.

N=34

Response	Male	Female	Percent
1	2	4	20.6
2	7	4	29.4
3	4	8	35.3
4	1	4	14.7
Totals	14	20	100.0

As the above table indicates, two male and four female participants, or 20.6 percent, responded number one. Seven male and four female participants, or 29.4 percent, responded number two. Four male and eight female participants, or 35.3 percent, responded number three. One male and four female participants, or 14.7 percent, responded number four.

Table 55- I tried not to think about it.

N=34

Response	Male	Female	Percent
1	3	1	11.8
2	5	7	35.5
3	2	11	38.2
4	4	1	14.7
Totals	14	20	100.0

The previous table indicates that three male and one female participant, or 11.8 percent, responded number one. Five male and seven female participants, or 35.3 percent,

responded number two. Two male and eleven female participants, or 38.2 percent, responded number three. Four male and one female participant, or 14.7 percent, responded number four.

Table 56- Any reminder brought back feelings about it.

N=34

Response	Male	Female	Percent
1	4	2	17.6
2	6	7	32.4
3	2	11	38.2
4	2	1	11.8
Totals	14	20	100.0

As indicated in the above table, four male and two female participants, or 17.6 percent, responded number one. Six male and seven female participants, or 32.4 percent, responded number two. Two male and eleven female participants, or 38.2 percent, responded number three. Two male and one female participant, or 11.8 percent, responded number four.

Table 57- My feelings about it were kind of numb.

N=34

Response	Male	Female	Percent
1	3	6	26.5
2	6	5	29.4
3	2	6	26.5
4	3	3	17.6
Totals	14	20	100.0

As indicated in the above table, three male and six female participants, or 26.5 percent, responded number one. Six male and five female participants, or 29.4 percent, responded number two. Two male and six female participants, or 26.5 percent, responded number three. Three male and three female participants, or 17.6 percent, responded number four.

Chapter 5

Summary and Conclusions

This study was designed to determine whether or not a difference exists between the death depression, death anxiety, and the impact of the event-(grief and bereavement) among male and female school of social work students.

The null hypothesis stated that there was no statistical significance between the two groups and the t-test analysis accepts this hypothesis. In this particular group of subjects, gender was not linked to the death depression, death anxiety, or impact of the event-(grief and bereavement).

These findings lead this researcher to believe that regardless of gender, individuals experience some of the same emotions when dealing with grief and bereavement. Since there are limitations in the empirical research, it is not certain whether or not the findings of this study are consistent with other research studies.

Limitations of the Study

Due to the sample population size, the findings cannot be generalized to the total population. The findings of this particular study may only be directed toward the sample population.

The time factor was also a limitation in this particular study. This research project had a specific time restrictions which may have contributed to the findings.

An additional limitation may have been the response bias or socially desirable responses of the subjects. Grief and bereavement are sensitive and emotional topics for some individuals. In order to prevent volatile emotions from surfacing or re-surfacing, subjects may have responded to the questionnaire in a particular pattern or the way in which they thought they should respond.

Suggested Research Directions

The topic of grief and bereavement is an important one especially in regards to social work students. Further research may involve a broadening of the sample population; in number and in the number of schools of social work that participate.

Chapter 6

Implications For Social Work Practice

The empirical research shows that unresolved grief and bereavement can resurface months, and even years, after the death of a loved one. It is of particular importance to social work education that students of social work deal with their death depression, death anxiety, and the impact of event-(grief and bereavement) so that unresolved issues do not cloud future therapeutic encounters.

The demand for constant personal interaction when bereaved often taxes and transcends the knowledge, attitudes, beliefs, and coping resources of the social work student and can contribute to the genesis of dysfunctional coping strategies. When this occurs, the potential for abnormal grief reactions increases.

Grief and bereavement can be expressed through dysfunctional behavior that results in the development of dysfunctional coping styles. Within the context of the interpersonal environment of a school of social work, dysfunctional coping styles may become reciprocal reinforcers to one another and contribute to stress and burnout, decreased personal satisfaction, apathy, and wasted efforts.

The recognition that training and interpersonal skills may act as a buffer to the experience of grief among social work students has not been reported in the social work literature. In addition, there has been no research conducted to explore the effects of systemic helping skills on the experience of grief among social work students.

Traditional methods of caring for the bereaved include psychosocial counseling and relaxation training. The strategies tend to target the individual and tend to be reactive rather than proactive.

It is important that schools of social work integrate into the curriculum training on issues such as death, dying, and grief and bereavement so that graduates will be well equipped to deal with these sensitive issues.

APPENDIX

IF YOU HAVE SURVIVED THE DEATH OF A LOVED ONE OR HAVE LOST SOMETHING OR SOMEONE IMPORTANT TO YOU, PLEASE TAKE THE TIME TO COMPLETE THE FOLLOWING QUESTIONNAIRE.

Dear Participant:

After the death of a loved one, loss of someone or something, the individual left behind is faced with having to work through the grief process. There are sequences which characterize grief, therefore, I would appreciate your assistance in sharing ideas which would help me to relate the differences and commonalities in grief. This information would be useful in rendering assistance and aiding in maintaining needed equilibrium in resolving inevitable life crisis'.

All questionnaire material will be anonymous.

Thank you

Damonica Bryant

Directions: Read each item carefully and indicate the best response that describes your situation. Thank you!

Part I-Demographics

1. My gender is:

1) Male

2) Female

2. My age is:

3. The one racial or ethnic group that best describes me is:

- 1) African-American
- 2) Asian
- 3) Hispanic
- 4) White
- 5) Native American
- 6) Other _____

4. Martial Status

- 1) Single
- 2) Married
- 3) Separated
- 4) Divorced
- 5) Widowed

5. Religious Background

- 1) Baptist
- 2) Catholic
- 3) Methodist
- 4) Jewish
- 5) Islamic
- 6) Other _____

6. Academic standing at Clark Atlanta University School of Social Work

- 1) First year Full time ____ Part time ____
- 2) Second year Full time ____ Part time ____

7. What was the total yearly gross income for you, including all sources of income

- 1) Less than \$5,000

- 2) 5,000-10,000
- 3) 10,001-20,000
- 4) 20,001-30,000
- 5) 30,001-40,000
- 6) Over \$40,000

Please circle T for true or F for false in each item as it applies to you. Thank you!

Part II-Death Depression Scale (DDS)

- T F 1. I get depressed when I think about death.
- T F 2. Hearing the word death makes me feel sad.
- T F 3. Passing by cemeteries makes me sad.
- T F 4. Death means terrible loneliness.
- T F 5. I become terribly sad when I think about friends
or relatives who have died.
- T F 6. I am terribly upset by the shortness of life.
- T F 7. I cannot accept the finality of death.
- T F 8. Death deprives life of its meaning.
- T F 9. I worry about dying alone.
- T F 10. When I die, I will completely lose my friends and
loved ones.
- T F 11. Death does not rob life of its meaning.
- T F 12. Death is not something to be depressed by.
- T F 13. When I think of death, I feel tired and lifeless.
- T F 14. Death is painful.
- T F 15. I dread to think of the death of friends and loved
ones.

T F 16. Death is the ultimate failure in life.

T F 17. I feel sad when I dream of death.

If a statement is true or mostly true as applied to you, circle "T." If a statement is false or mostly false as applied to you, circle "F." Thank you!

Part III-Death Anxiety Scale (DAS)

T F 1. I am very much afraid to die.

T F 2. The thought of death seldom enters my mind.

T F 3. It doesn't make me nervous when people talk about death.

T F 4. I dread to think about having to have an operation.

T F 5. I am not at all afraid to die.

T F 6. I am not particularly afraid of getting cancer.

T F 7. The thought of death never bothers me.

T F 8. I am often distressed by the way time flies so very rapidly.

T F 9. I fear dying a painful death.

T F 10. The subject of life after death troubles me greatly.

T F 11. I am really scared of having a heart attack.

T F 12. I often think about how short life really is.

T F 13. I shudder when I hear people talking about a World War III.

T F 14. The sight of a dead body is horrifying to me.

T F 15. I feel that the future holds nothing for me to

fear.

Below is a list of comments made by people about stressful life events. Read each item and decide how frequently each item was true for you during the past five years, with regard to death or the loss of something important. If the item did not occur during the past five years, choose the "Not At All" option. Indicate on the line at the left of each comment the number that best describes the item.

Please complete each item. Thank you!

Part IV-Impact of Event Scale (IES)

1=Not At All

2=Rarely

3=Sometimes

4=Often

- ___ 1. I thought about it when I didn't mean to.
- ___ 2. I avoided letting myself get upset when I thought about it or was reminded of it.
- ___ 3. I tried to remove it from memory.
- ___ 4. I had trouble falling asleep or staying asleep, because of pictures or thoughts that came into my mind.
- ___ 5. I had waves of strong feelings about it.
- ___ 6. I had dreams about it.
- ___ 7. I stayed away from reminders of it.
- ___ 8. I felt as if it hadn't happened or wasn't real.
- ___ 9. I tried not to talk about it.
- ___ 10. Pictures about it popped into my mind.

- ___ 11. Other things kept making me think about it.
- ___ 12. I was aware that I still had a lot of feelings about it, but I didn't deal with them.
- ___ 13. I tried not to think about it.
- ___ 14. Any reminder brought back feelings about it.
- ___ 15. My feelings about it were kind of numb.

Adapted from:

Horowitz, Mardi J. Impact of Event Scale 1979.

Templer, Donald I., Michael LaVoie, Hilda Chalgujiam and Stan Thomas-Dobson. Death Depression Scale 1990.

Templer, Donald I. Death Anxiety Scale 1983.

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